



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division- Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
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**AHCCCS CONTRACTOR
QUARTERLY PREMIUM TAX REPORT**

AHCCCS Contractor's Complete Name

Federal I.D. Number

Type Preparer's Name and Title

Toll free or collect phone number

Fax number

E-Mail Address

INSTRUCTIONS AND ESTIMATED TAX COMPUTATION

An AHCCCS Contractor is required to file this report and pay its estimated premium tax pursuant to A.R.S. §§ 36-2905 and 36-2944.01 on or before each "due date" shown in 1, below. See Form E-QTR.INSTRUCTION for further assistance with quarterly reporting and payment requirements.

1. WRITE AN "X" IN THE BOX THAT CORRESPONDS TO THE QUARTER FOR WHICH THIS REPORT IS BEING FILED

TAX PAYMENT DUE DATE TABLE	SELECT ONE	FOR CONTRACTOR CAPITATION IN:	DUE DATE FOR TAX REPORT AND PAYMENT	OFFICE USE ONLY	
				PERIOD CODE	PAY CODE
	<input type="checkbox"/>	QUARTER 1: January 1 through March 31	March 15	1	74
	<input type="checkbox"/>	QUARTER 2: April 1 through June 30	June 15	4	76
	<input type="checkbox"/>	QUARTER 3: July 1 through September 30	September 15	19	78
<input type="checkbox"/>	QUARTER 4: October 1 through December 31	December 15	20	79	

2. ENTER THE AHCCCS PLAN I.D. NUMBER AND ESTIMATED AMOUNT OF TOTAL CAPITATION, including reinsurance and any other reimbursement paid to the Contractor by the Arizona Health Care Cost Containment System, for this quarter for each plan type.

AHCCCS Plan Types	Enter Plan I.D. Number	Enter Estimated Amounts
Acute Care		\$ AC
Ventilator Dependent		\$ VD
Elderly & Physically Disabled		\$ EPD
	LINE 2 TOTAL	\$ QT

3. PREMIUM TAX DUE: Enter 2% (0.02) of LINE 2 TOTAL amount, above\$ «

4. CIVIL PENALTY AND INTEREST COMPUTATION: A payment by check must be mailed, or an ACH payment must post to the Department's ACH account, on or before the Due Date.

- If PREMIUM TAX DUE on line 3 is paid in full on or before the due date shown in the Tax Payment Due Date Table (line 1) for the selected quarter, enter 0 (Zero) on line 4c
- If PREMIUM TAX DUE on line 3 is paid after the due date shown in the Tax Payment Due Date Table (line 1) for the selected quarter, complete lines 4a, b and c

4a. **Late Payment Penalty:** Enter 5% (0.05) of the amount on line 3 or \$25.00, whichever is **greater** \$

4b. **Interest:** Multiply the amount on line 3 times 1% (0.01) for each full or partial month that the payment is late..... \$

4c. **Total Penalty and Interest Due:** Add lines 4a and 4b.....\$ « [26]

5. **PRIOR QUARTER PREMIUM TAX ADJUSTMENT** from line 3 of Form E-QTR.ADJUSTMENT (attached).....\$

6. **TOTAL PAYMENT DUE:** Sum of lines 3, 4c and 5\$ «

PAYMENT OPTIONS: CHECK ONLY ONE BOX AND PROVIDE INFORMATION FOR THE SELECTED PAYMENT OPTION

☐ Check # _____ payable to the Arizona Department of Insurance for the amount shown on line 6 is enclosed.

☐ Payment in the amount shown on line 6 sent via ACH delivery on (date) _____ in accordance with Form E-ACH.INSTRUCTION.

Mail this Report, with your check if payment will not be sent via ACH delivery, to the address shown at the top of this form.